

# BOND INVOICE

**Bond Safeguard**

Insurance Agency

m/047/013

1919 S Highland Ave  
Bldg A, Suite 300  
1919 S Highland Ave  
Bldg A, Suite 300  
Lombard, IL 60148  
(630) 495-9380

Please remit all payments to above address

**Mailing Address:**

Schaefermeyer-Leavitt Insurance Agency  
Inc.  
1285 West Highway 40  
Vernal, UT 84078

Date: 01-Dec-03

RECEIVED

DEC - 5 2003

DIV OF OIL GAS & MINING

Customer Copy

**Bond Executed in the following Company:**

Bond Safeguard Insurance Company

**Principal:**

Ziegler Chemical & Mineral Corp.  
30 Jericho Executive Plaza  
Jericho, NY 11753

**Obligee:**

State of Utah, Dept. of Natural Resources  
Division of Oil, Gas, and Mining  
1594 W. North Temple, Ste. 1210  
Salt Lake City, UT 84114-5801

12-9-03  
called Javed  
McKeehan - need  
bond on joint MR-6  
form w/ BLM + SITA

Bond Number- Term-Trans	Effective Date	Expiration Date	Statement
	11/26/2003	5/26/2004	NOV 03

Bond Amount	Contract Amount	Invoice Number
\$450,200.00	\$450,200.00	516478-1-1

Bond Description
Payment and Performance Bond

Premium with Taxes	Commission	%	Balance Due
\$11,255.00	\$2,251.00	20.0%	\$9,004.00



# Bond Safeguard INSURANCE COMPANY

1919 S. Highland Avenue, Bldg. A-Suite 300  
Lombard, Illinois 60148-4979

AIA Document A312

## Performance Bond

No. \_\_\_\_\_

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**CONTRACTOR (Name and Address):**  
Ziegler Chemical & Mineral Corp.  
30 Jericho Executive Plaza  
Jericho, NY 11753

**SURETY (Name and Principal Place of Business):**

BOND SAFEGUARD INSURANCE COMPANY  
1919 Highland, A300  
Lombard, Illinois 60148

**OWNER (Name and Address):**

State of Utah, Dept. of Natural Resources, Division of Oil, Gas and Mining  
1594 W. North Temple, Ste. 1210, P.O. Box 145801, Salt Lake City, UT 84114-5801

### CONSTRUCTION CONTRACT

Date: 11/26/03

Amount: \$450,200.00

Description (Name and Location): Reclamation of disturbed land.

### BOND

Date (Not earlier than Construction Contract Date): 11/26/03

Amount: \$450,200.00

Modifications to this Bond:

☒ NONE

☐ See Page 3

### CONTRACTOR AS PRINCIPAL

Ziegler Chemical & Mineral Corp.

(Corporate Seal)

Signature: XX

Name and Title: \_\_\_\_\_

### SURETY

BOND SAFEGUARD INSURANCE COMPANY

(Corporate Seal)

Signature: XX

Name and Title: \_\_\_\_\_

Shelly Satek,

Attorney-in-Fact

This bond shall not be valid or enforceable until executed by all parties named herein.

(ANY ADDITIONAL SIGNATURES APPEAR ON PAGE 3 AND 6)

(FOR INFORMATION ONLY - Name, Address and Telephone)

AGENT or BROKER: Schaefermeyer-Leavitt Insurance  
1285 W. Hwy 40, Vernal, UT 84078  
(435)781-0000

OWNER'S REPRESENTATIVE (Architect, Engineer or other party):



# Bond Safeguard INSURANCE COMPANY

1919 S. Highland Avenue, Bldg. A-Suite 300  
Lombard, Illinois 60148-4979

AIA Document A312

## Payment Bond

No. \_\_\_\_\_

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**CONTRACTOR (Name and Address):**

Ziegler Chemical & Mineral Corp.  
30 Jericho Executive Plaza  
Jericho, NY 11753

**SURETY (Name and Principal Place of Business):**

BOND SAFEGUARD INSURANCE COMPANY  
1919 Highland, A300  
Lombard, Illinois 60148

**OWNER (Name and Address):**

State of Utah, Dept. of Natural Resources, Division of Oil, Gas and Mining  
1594 W. North Temple, Suite 1210, P.O. Box 145801, Salt Lake City, UT 84114-5801

**CONSTRUCTION CONTRACT**

Date: 11/26/03

Amount: \$450,200.00

Description (Name and Location): Reclamation of Disturbed Land.

**BOND**

Date (Not earlier than Construction Contract Date): 11/26/03

Amount: \$450,200.00

Modifications to this Bond:

☒ NONE

☐ See Page 6

**CONTRACTOR AS PRINCIPAL**

Ziegler Chemical & Mineral Corp.  
(Corporate Seal)  
Signature: XX  
Name and Title:

**SURETY**

BOND SAFEGUARD INSURANCE COMPANY

(Corporate Seal)

Signature: XX

Name and Title: Shelly Satek,  
Attorney-in-Fact

This bond shall not be valid or enforceable until executed by all parties named herein.

(ANY ADDITIONAL SIGNATURES APPEAR ON PAGE 6)

(FOR INFORMATION ONLY - Name, Address and Telephone)

**AGENT or BROKER:**

Schaefermeyer-Leavitt Insurance  
1285 W. Hwy 40, Vernal, UT 84078  
(435)781-0000

**OWNER'S REPRESENTATIVE (Architect, Engineer or other party):**

THE LANGUAGE IN THIS DOCUMENT CONFORMS EXACTLY TO THE LANGUAGE USED IN AIA  
DOCUMENT A312, DECEMBER, 1984 EDITION, THIRD PRINTING, MARCH, 1987.

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